

## APPLICATION for LABORATORY CERTIFICATION



**KENTUCKY  
DEPARTMENT  
FOR  
ENVIRONMENTAL  
PROTECTION**

*Mail completed form to:*  
**DIVISION OF WASTE MANAGEMENT  
 UNDERGROUND STORAGE TANK BRANCH  
 81 C. MICHAEL DAVENPORT BLVD.  
 FRANKFORT, KENTUCKY 40601  
 (502) 564-5981 / (800) 928-7782  
<http://www.waste.ky.gov>**

**FOR STATE USE ONLY:**

### GENERAL INFORMATION

To be certified by the Underground Storage Tank Branch (USTB) for reimbursement from the Petroleum Storage Tank Environmental Assurance Fund (PSTEAF) to perform analytical testing relating to corrective action for petroleum storage tanks, laboratories must show current accreditation by the American Association for Laboratory Accreditation (A2LA) for the "Kentucky Underground Storage Tank Laboratory Accreditation Program" OR a state National Environmental Laboratory Accreditation Program (NELAP) accrediting authority.

### TYPE OF APPLICATION

☐ INITIAL Lab Certification

☐ RENEWAL of Lab Certification

Certification # \_\_\_\_\_

#### APPLICANT INFORMATION

#### LABORATORY INFORMATION

(If different than Applicant)

APPLICANT NAME:

LABORATORY NAME:

APPLICANT MAILING ADDRESS:

LABORATORY ADDRESS:

CITY:

STATE:

ZIP CODE:

CITY:

STATE:

ZIP CODE:

TELEPHONE NUMBER:

FAX NUMBER:

TELEPHONE NUMBER:

FAX NUMBER:

LEGALLY AUTHORIZED REPRESENTATIVE:

TELEPHONE NUMBER:

LEGALLY AUTHORIZED REPRESENTATIVE:

TELEPHONE NUMBER:

### LABORATORY CERTIFICATION DOCUMENTATION TO BE SUBMITTED

(If all documentation is not complete and submitted, a review will not be completed)

- ☐ Application form completed

☐ The approved analytical table provided from either A2LA or NELAP accrediting authority for this applicant and branch offices (if applicable).

☐ Evidence of accreditation from either A2LA or NELAP accrediting authority. If the application includes more than one (1) branch office, evidence of accreditation must be attached for each branch office.

### LISTING OF OWNERS, OFFICERS, DIRECTORS AND PRINCIPALS

(Attach additional pages, if necessary)

**NAMES:**

**COMPLETE MAILING ADDRESS:**

**TELEPHONE NUMBERS:**

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**LISTING OF OWNERS, OFFICERS, DIRECTORS AND PRINCIPALS**

(Attach additional pages, if necessary)

	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	

**LISTING OF ALL BRANCH OFFICES**

(if appropriate)

CONTACT NAME:	COMPLETE MAILING ADDRESS:	TELEPHONE NUMBERS:
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	
	Street Address: _____ City: _____ State: _____ Zip Code: _____	

**LABORATORY CERTIFICATION**

I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE.

PRINTED NAME OF APPLICANT (Or Authorized Representative):

TITLE:

SIGNATURE OF APPLICANT (Or Authorized Representative):

DATE:

**FOR STAFF USE ONLY:**

- ☐ Laboratory Certification Approved      Date: \_\_\_\_\_      Staff Signature: \_\_\_\_\_
- ☐ Laboratory Certification Denied      Date: \_\_\_\_\_      Date Laboratory Certification Expires: \_\_\_\_\_

If you have questions on how to fill out this form or to request a review of your site records, please contact the USTB at (502) 564-5981 / (800) 928-7782 or visit our website at <http://www.waste.ky.gov>.

**\*\*RETAIN A COPY OF THIS FORM FOR YOUR RECORDS\*\***